

## **HOW TO GET A VEHICLE-FOR-HIRE VEHICLE PERMIT/LICENSE**

Please call 281-233-7860 for assistance.

A complete application for a vehicle-for-hire vehicle service permit/license shall be submitted on forms furnished by the City of Houston, Department of Finance and Administration, Regulatory Services Division (attached) and the applicant shall furnish the following information with each application, which shall be sworn to before a notary public.

- The name and form of business under which the service will be operated. (If a partnership or corporation, a copy of the partnership agreement or articles of incorporation must be attached.)
- The name, mailing address, and street address, if different, of the applicant's agent for service of legal process (which information shall always be kept current.)
- A schedule showing the model, manufacturer model year date, type, make, vehicle identification number, license plate number, and mileage of each motor vehicle that the applicant desire to place into operation and a statement as to the legal ownership of each vehicle.

Please refer to the City of Houston's Code of Ordinances Chapter 46, Vehicles for Hire and Valet Parking Services for more detail (<http://www.houstontx.gov/codes>). You may also contact the Transportation Office at 281-233-7860 if you have additional questions. To ensure that you have properly completed your application, use the appropriate **“Vehicle Permit/License Requirements Checklist”**, which is also attached to this application.

Department of Finance and Administration  
Regulatory Services Division - Transportation Section  
5050 Wright Road  
Houston, Texas 77032  
281-233-7860 Office  
281-233-2052 Facsimile  
Monday through Friday  
7:00 a.m. until 6:00 p.m.

### **Vehicle Permit/License Checklist**

- ☐ Complete the application in its entirety and have it notarized.
- ☐ Take the packet to Municipal Courts located at 1400 Lubbock on the 1<sup>st</sup> floor for a traffic warrants check.
- ☐ Separate, copy as necessary, and take only the Schedule H to the Houston Police Department (HPD) located at 1200 Travis on the 10<sup>th</sup> Floor for fingerprinting. Leave this form with HPD.

*NOTE \* Each individual who is required to fill out a schedule H must submit himself/herself to be fingerprinted at the Houston Police Department or to the Police Department of any city or town and that police department will forward the fingerprints to the Houston Police Department located at 1200 Travis, 10<sup>th</sup> Floor, Houston, Texas 77002.*

- ☐ Submit remaining of application to the Transportation Office at 5050 Wright Road.
- ☐ Allow a minimum of 10-12 working days for processing.
- ☐ Call the Transportation Office at 281-233-7860 to verify that your information has been returned.
- ☐ Submit the following to the Transportation Office at 5050 Wright Road.
  - (1) Vehicle(s) for inspection;
  - (2) Certificate of title;
  - (3) Liability insurance policy;
  - (4) Insurance endorsement or evidence of self-insurance; and
  - (5) In case of a leased vehicle, the written lease contract.

### **Other Application Information**

- Incomplete applications will not be processed.
- Only original documents will be accepted. No copies.
- Documents must have identical names and spellings.
- Documents containing alterations, erasures or outdated photos will not be accepted.
- Fraudulent documents will be confiscated.
- All fees are non-refundable.

## CITY OF HOUSTON

**Department of Finance and Administration**

Regulatory Services Division

5050 Wright Road

Houston, Texas 77032

(281) 233-7860

fax (281) 233-2052

e-mail: [fa.director@cityofhouston.net](mailto:fa.director@cityofhouston.net)

FOR OFFICE USE ONLY

TYPE:

NEW

RENEWAL

**EXPIRED**

# VEHICLE-FOR-HIRE VEHICLE LICENSE/PERMIT APPLICATION

- [illegible]

Under penalties of perjury, I (print name) \_\_\_\_\_, declare that I have examined this application and accompanying attachments, as required, and to the best of my knowledge and belief, that all the information herein is true, correct and complete.

Applicant's Signature

State of Texas

County of Harris

Before me, \_\_\_\_\_, on this day personally  
appeared \_\_\_\_\_ proved  
to me through \_\_\_\_\_ to be the person whose name is  
subscribed to the foregoing instrument and acknowledged that he/she executed the same for the purposes  
and consideration therein expressed.

Given under my hand and seal of office this

\_\_\_\_\_ day of \_\_\_\_\_, A.D. 200

Signature of Notary

**Applicant Name:** \_\_\_\_\_

**SCHEDULE A  
PROPRIETORSHIP AFFIDAVIT**

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**INSTRUCTIONS:**

1. If you checked "Proprietorship" on item #1 of the vehicle-for-hire vehicle license/permit application, fill out this form.
  2. Affidavit must be signed in the presence of and notarized by a notary.
- 

Under penalties of perjury, I (print name) \_\_\_\_\_, declare that I am the individual making the foregoing application for a vehicle-for-hire vehicle permit, and that the answers to the foregoing questions and other statements contained therein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

State of Texas

County of Harris

Before me, \_\_\_\_\_, on this day personally appeared  
\_\_\_\_\_ proved to  
me through \_\_\_\_\_ to be the person whose name is subscribed  
to the foregoing instrument and acknowledged that he/she executed the same for the purposes and  
consideration therein expressed.

Given under my hand and seal of office this  
\_\_\_\_\_ day of \_\_\_\_\_, A.D. 200\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**Applicant Name:** \_\_\_\_\_

**SCHEDULE A  
PARTNERSHIP AFFIDAVIT**

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**INSTRUCTIONS:**

1. If you checked "Partnership" on item #1 of the vehicle-for-hire vehicle permit application, fill out this form.
  2. Affidavit must be signed in the presence of and notarized by a notary public.
- 

Under penalties of perjury, we \_\_\_\_\_ and \_\_\_\_\_,  
declare that we are the partners of the partnership making the foregoing application for a vehicle-for-hire  
vehicle permit, and that the answers to the foregoing questions and other statements contained therein are true  
and correct to the best of our knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

State of Texas

County of Harris

Before me, \_\_\_\_\_, on this day personally appeared  
\_\_\_\_\_ and \_\_\_\_\_ proved to me through  
\_\_\_\_\_ and \_\_\_\_\_ to be the persons whose names are  
subscribed to the foregoing instrument and acknowledged that they have executed the same for the purposes and  
consideration therein expressed.

Given under my hand and seal of office this

\_\_\_\_\_ day of \_\_\_\_\_, A.D. 200\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**Applicant Name:** \_\_\_\_\_

**SCHEDULE A  
CORPORATION AFFIDAVIT**

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**INSTRUCTIONS:**

1. If you checked "Corporation" on item #1 of the vehicle-for-hire vehicle permit application, fill out this form.
  2. Affidavit must be signed in the presence of and notarized by a notary.
- 

Under penalties of perjury I, \_\_\_\_\_, being first and duly sworn deposes and says that he/she is the president of \_\_\_\_\_ and duly authorized to make the foregoing application for a vehicle-for-hire vehicle permit application on behalf of the corporation, and that the answers to the foregoing questions and other statements contained therein are true and correct to the best of his/her knowledge.

ATTEST: \_\_\_\_\_  
Signature of President

BY: \_\_\_\_\_  
Corporate Secretary

State of Texas

County of Harris

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_ proved to me through \_\_\_\_\_ to be the person whose name is subscribed to the foregoing instrument and acknowledged that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this  
\_\_\_\_\_ day of \_\_\_\_\_, A.D. 200\_\_\_\_\_  
\_\_\_\_\_  
Signature of Notary

TDL# \_\_\_\_\_

DOB# \_\_\_\_\_

## SCHEDULE H PERSONAL HISTORY OF BUSINESS OWNERS

### INSTRUCTIONS:

If you answered "proprietor" for item# 1 on the vehicle-for-hire vehicle license/permit application, fill out a Schedule H for yourself. For "partnerships", each partner must complete a separate Schedule H. For "corporations", each of the three principal officers of the corporation must complete a separate Schedule H.

*Each individual who is required to fill out a schedule H must submit himself/herself to be fingerprinted at the Houston Police Department or to the Police Department of any city or town and that police department will forward the fingerprints to the Houston Police Department (1200 Travis, 10<sup>th</sup> Floor, Houston, Texas 77002).*

Name of Individual, Partner or Principal Officer \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code

 Phone \_\_\_\_\_ Form of Business \_\_\_\_\_ % of Ownership Interest \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Texas Drivers License Number \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

Places of residence for preceding five (5) years:

Date From – To	Street Address	City	State	Zip Code
Date From – To	Street Address	City	State	Zip Code
Date From – To	Street Address	City	State	Zip Code
Date From – To	Street Address	City	State	Zip Code
Date From – To	Street Address	City	State	Zip Code
Date From – To	Street Address	City	State	Zip Code

Names and addresses of employer for preceding five (5) years:

Date From – To	Street Address	City	State	Zip Code
Date From – To	Street Address	City	State	Zip Code
Date From – To	Street Address	City	State	Zip Code
Date From – To	Street Address	City	State	Zip Code
Date From – To	Street Address	City	State	Zip Code
Date From – To	Street Address	City	State	Zip Code

**Name of Individual, Partner, or Corporate Officer:** \_\_\_\_\_  
**Schedule H Page 2**

Names and addresses of each business owned or operated for preceding five (5) years:

Date From – To	Street Address	City	State	Zip Code
Date From – To	Street Address	City	State	Zip Code
Date From – To	Street Address	City	State	Zip Code
Date From – To	Street Address	City	State	Zip Code
Date From – To	Street Address	City	State	Zip Code

Has individual filling out this form been convicted of any criminal offense in any state, or spent time in jail or prison in the preceding ten (10) years? ☐ Yes ☐ No If yes, provide the following:

Offense convicted of \_\_\_\_\_  
 Date of conviction \_\_\_\_\_  
 Place of conviction \_\_\_\_\_  
 Court and case number \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

MUNICIPAL COURTS (Warrant Check) 1400 Lubbock, 1 <sup>st</sup> Floor	_____ Checked By: _____ _____ Clerk; Corporation Court
Houston Police Department 1200 Travis, 10 <sup>th</sup> Floor	RIGHT HAND 1. Thumb Print  FPC: _____
Finance & Administration 5050 Wright Road  Money Order # _____ for City of Houston Money Order # _____ for TxDPS	_____ Application Reviewed By: _____  Investigator: _____ Date: _____
LICENSE/PERMIT NUMBER:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Charter/Sightseeing  <input type="checkbox"/> Limousine                 </div> <div> <input type="checkbox"/> Jitney  <input type="checkbox"/> School Bus                 </div> <div> <input type="checkbox"/> Taxicab                 </div> </div>



**Applicant Name:** \_\_\_\_\_

**SCHEDULE V  
MOTOR VEHICLE LIST**

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**INSTRUCTIONS:**

1. Complete this following as shown in the example.
2. If more space is needed, xerox this page or obtain additional copies of this application from our website at [www.ci.houston.tx.us/fa](http://www.ci.houston.tx.us/fa) or from the Transportation Office located at 5050 Wright Road.

Examples:

Jitney Vehicle Types: Sedan, Van or Bus

Limousine Vehicle Types: Sedan, Stretch, Van or Antique

School Bus/Charter SS Types: 15 passengers or less, 16 to 59 passengers or 60 or more passengers

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Make/Model	Year	Vehicle Type	Seating Capacity Including Driver	Mileage	License#	VIN#
Ex. Dodge Caravan	1994	Van	7	10,150	ABC 12D	1X2Y3A4BH2W1333
Ex. Lincoln Town Car	1989	Stretch	11	60,150	ABC 12D	1X2Y3A4BH2W1333
Ex. School Bus	1999	15-Passenger	60	20,158	ABC 12D	1X2Y3A4BH2W1333
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19.						
20.						

# VEHICLE SUBSTITUTION FORM

I, the undersigned, have taken the following vehicle out of service:

Check One:   ☐ Charter/SS   ☐ Jitney   ☐ Limousine   ☐ School Bus   ☐ Taxicab

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Year	Make	VIN Number	Plate Number
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OFFICE USE ONLY  
**TAG/STICKER#**

I am substituting in its place a:

Check One:   ☐ Charter/SS   ☐ Jitney   ☐ Limousine   ☐ School Bus   ☐ Taxicab

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Year	Make	VIN Number	Plate Number
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OFFICE USE ONLY  
**TAG/STICKER#**

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Name of Permit Holder

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Signature

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Signature of Inspector

# DEED RESTRICTION AND LAW COMPLIANCE AFFIDAVIT

I, \_\_\_\_\_ being first and duly sworn depose and say that;

I understand and agree that it is my responsibility to comply with all deed restrictions and city, state and federal laws, regulations and/or ordinances concerning any activity authorized by the license, permit or certificate, requested in the application to which this affidavit appertains and concerning any land or place where such activities may be conducted.

I also understand and agree that the City of Houston by issuing the license, permit or certificate for which I am applying does not excuse or approve any violation of deed restrictions, of city, state or federal laws, regulations or ordinances and that the license, permit or certificate will be void in the event that it is used in violation thereof.

I fully understand that if the permit, license or certificate for which I am applying is issued, the City of Houston or any other appropriate entity may institute legal proceeding against me if I violate any deed restriction or any city, state or federal law, regulation or ordinance.

To the extent that this affidavit is made on behalf of a corporation or for the benefit of any persons other than myself, I certify that I have fully advised them of the content of this affidavit and that I am duly authorized to execute the same as the act and deed of the applicant or persons.

\_\_\_\_\_  
Signature of Applicant

State of Texas

County of Harris

Before me, \_\_\_\_\_, on this day personally appeared  
\_\_\_\_\_ proved to me through  
\_\_\_\_\_ to be the person whose name is subscribed to the foregoing  
instrument and acknowledged that he/she executed the same for the purposes and consideration therein  
expressed.

Given under my hand and seal of office this

\_\_\_\_\_ day of \_\_\_\_\_, A.D. 200\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

## SECTION A

### Taxicab and Limousine

# LIMOUSINE VEHICLE AIRPORT AFFIDAVIT

I, \_\_\_\_\_ being first and duly sworn depose and say that;

He/she conforms to the Limousine Ordinance requirement according to Section 46-233 (h-2):

“Each licensee who desires to operate upon the city airports is required to maintain and operate a city authorized fleet of not less than three limousines, including at least one extended body type vehicle at all times under limousine service”

“A licensee operating under the special exemption may not increase the number of vehicles authorized under this license unless and until he adds at least one extended body type vehicle to his authorized fleet”

\_\_\_\_\_  
Signature of Applicant

State of Texas

County of Harris

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_ proved to me through \_\_\_\_\_ to be the person whose name is subscribed to the foregoing instrument and acknowledged that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this

\_\_\_\_\_ day of \_\_\_\_\_, A.D. 200\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**CITY OF HOUSTON**  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
INSURANCE FILING FORM

**TAXICAB PERMIT**

This certifies that the below named insured is provided commercial auto liability coverage with a company on the "List of Authorized Insurance Companies" published by the Texas Department of Insurance (Phone 1-800-252-3439) that is authorized to sell auto liability, or is a "county mutual" identified with a code number 56; and has a 15-day cancellation endorsement (TE 02-02A) to the City of Houston, Finance and Administration Department/Regulatory Services Division, Transportation Section, P.O. Box 1562 Houston, Texas 77251.

Named Insured and Mailing Address:

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Additional Insured (name of city permit holder if different from above named insured):

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Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_

List of covered autos (include make, model, year and last five digits of VIN):

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List minimum limits of liability for any one accident or loss:

Bodily Injury to Each Person: \$ 20,000 Each Accident: \$ 40,000 Property Damage: \$ 15,000

Endorsements:

TE 02-02A 15-Days Other \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

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Signed By: \_\_\_\_\_  
(Authorized Company Representative)

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

**This is an official government record. A false entry may constitute a felony of the third degree.**

**CITY OF HOUSTON**  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
INSURANCE FILING FORM

**LIMOUSINE LICENSE**

This certifies that the below named insured is provided commercial auto liability coverage with a company on the "List of Authorized Insurance Companies" published by the Texas Department of Insurance (Phone 1-800-252-3439) that is authorized to sell auto liability, or is a "county mutual" identified with a code number 56; and has a 30-day cancellation endorsement (TE 02-02A) to the City of Houston, Finance and Administration Department/Regulatory Services Division, Transportation Section, P.O. Box 1562 Houston, Texas 77251.

Named Insured and Mailing Address:

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Additional Insured (name of city permit holder if different from above named insured):

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Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_

List of covered autos (include make, model, year and last five digits of VIN):

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List minimum limits of liability for any one accident or loss: Combined single limit of \$600,000 or Bodily Injury to Each Person: \$250,000 Each Accident: \$500,000 Property Damage: \$100,000

Endorsements:

Scheduled Autos \_\_\_\_\_ Hired Auto \_\_\_\_\_ TE 02-02A 30-Days Other \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

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Signed By: \_\_\_\_\_  
(Authorized Company Representative)

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

**This is an official government record. A false entry may constitute a felony of the third degree.**

## SECTION B

### Jitneys



CITY OF HOUSTON  
**SCHEDULE C**  
**CHARACTER REFERENCE**

Name of Applicant: \_\_\_\_\_

Last	First	Middle Initial	TXDPS Driver's License #
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***Character reference information cannot be completed by applicant. Character references must have known applicant for more than one year and cannot be related to applicant in any way.***

**CHARACTER WITNESS #1**

- Is the applicant related to you? \_\_\_\_\_
- Has he/she ever been your employee? \_\_\_\_\_
- Does the applicant use liquor in excess or take drugs? \_\_\_\_\_
- Have you found him/her trustworthy? \_\_\_\_\_ honest? \_\_\_\_\_ good character? \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Residential Address \_\_\_\_\_ Phone: \_\_\_\_\_

Business \_\_\_\_\_

Business Address \_\_\_\_\_ Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHARACTER WITNESS #2**

- Is the applicant related to you? \_\_\_\_\_
- Has he/she ever been your employee? \_\_\_\_\_
- Does the applicant use liquor in excess or take drugs? \_\_\_\_\_
- Have you found him/her trustworthy? \_\_\_\_\_ honest? \_\_\_\_\_ good character? \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Residential Address \_\_\_\_\_ Phone: \_\_\_\_\_

Business \_\_\_\_\_

Business Address \_\_\_\_\_ Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CITY OF HOUSTON**  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
INSURANCE FILING FORM

**JITNEY PERMIT**

This certifies that the below named insured is provided commercial auto liability coverage with a company on the "List of Authorized Insurance Companies" published by the Texas Department of Insurance (Phone 1-800-252-3439) that is authorized to sell auto liability, or is a "county mutual" identified with a code number 56; and has a 30-day cancellation endorsement (TE 02-02A) to the City of Houston, Finance and Administration Department/Regulatory Services Division, Transportation Section, P.O. Box 1562 Houston, Texas 77251.

Named Insured and Mailing Address:

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Additional Insured (name of city permit holder if different from above named insured):

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Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_

List of covered autos (include make, model, year and last five digits of VIN):

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List minimum limits of liability for any one accident or loss:

Bodily Injury to Each Person: \$ 20,000 Each Accident: \$ 40,000 Property Damage: \$ 15,000

Endorsements:

TE 02-02A 30-Days Other \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

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Signed By: \_\_\_\_\_  
(Authorized Company Representative)

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

**This is an official government record. A false entry may constitute a felony of the third degree.**

## SECTION C

### School Bus

Company Name: \_\_\_\_\_

## SCHOOL VEHICLE DRIVER'S LIST

All drivers listed on this form must submit a completed Schedule H (Personal History) to the Houston Police Department for processing.

1. Driver's Name: \_\_\_\_\_  
Last First Middle Initial  
Address: \_\_\_\_\_  
Street City Texas Zip Code  
Texas Driver's License Number \_\_\_\_\_ Class: \_\_\_\_\_ Expires \_\_\_\_\_  
Date of Birth (mm/dd/year): \_\_\_\_\_
2. Driver's Name: \_\_\_\_\_  
Last First Middle Initial  
Address: \_\_\_\_\_  
Street City Texas Zip Code  
Texas Driver's License Number \_\_\_\_\_ Class: \_\_\_\_\_ Expires \_\_\_\_\_  
Date of Birth (mm/dd/year): \_\_\_\_\_
3. Driver's Name: \_\_\_\_\_  
Last First Middle Initial  
Address: \_\_\_\_\_  
Street City Texas Zip Code  
Texas Driver's License Number \_\_\_\_\_ Class: \_\_\_\_\_ Expires \_\_\_\_\_  
Date of Birth (mm/dd/year): \_\_\_\_\_
4. Driver's Name: \_\_\_\_\_  
Last First Middle Initial  
Address: \_\_\_\_\_  
Street City Texas Zip Code  
Texas Driver's License Number \_\_\_\_\_ Class: \_\_\_\_\_ Expires \_\_\_\_\_  
Date of Birth (mm/dd/year): \_\_\_\_\_

**Company Name:** \_\_\_\_\_

## LIST OF SCHOOLS SERVED

**NAME:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**School(s) Served**This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# SCHOOL BUS PAY SHEET

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Company Name

Pursuant to Section 46-289 of the City of Houston Code of Ordinances, the annual fee for all school vehicles is due no later than September 1<sup>st</sup> of each calendar year. This fee may be paid in full or installments as follows:  
half on or before September 1<sup>st</sup> and the balance on or before February 1<sup>st</sup> of each year.

Complete this form and return it with a money order or check payable to:

City of Houston  
Department of Finance and Administration  
Regulatory Services Division – Transportation  
P.O. Box 1562  
Houston, Texas 77251-1562

## STATEMENT OF PAYMENT OF SCHOOL VEHICLE FEE

This payment is for the following vehicles:

Year/Make	Capacity	VIN#	License	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date (mm/dd/year): \_\_\_\_\_

Total: \_\_\_\_\_

AD VALOREM TAXES PAID: \_\_\_\_\_

Licensee Signature



# CITY OF HOUSTON

Finance and Administration  
Department

**Bill White**  
Mayor

Judy Gray Johnson  
Director  
Finance and Administration  
Department  
P.O. Box 1562  
Houston, Texas 77251-1562

T. 281.233.7860  
F. 281.233.2052  
[www.houstontx.gov/](http://www.houstontx.gov/)

## CITY OF HOUSTON INSURANCE FILING FORM SCHOOL VEHICLE LICENSE

This certifies the below named insured is provided commercial liability general insurance, auto liability insurance coverage with a company on the "list of Authorized Insurance companies" published by the Texas Department of Insurance ([www.tdi.state.tx.us/](http://www.tdi.state.tx.us/)) that is authorized to sell auto liability insurance, or is a "County Mutual" identified with a code number 56; and has a 30-day cancellation endorsement (TE-02-02A) to the City of Houston, Finance and Administration Department, Transportation Division, P.O. Box 1562, Houston, Texas 77251.

Name Insured and Mailing Address:

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Additional Insured (name of city permit holder if different from above named insured):

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Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_

List of covered Autos (include make, model, year, and last five digits of VIN)

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Minimum Limits for Commercial General Liability: Bodily Injury and Property  
Auto Liability Insurance: \$500,000 CSL

Endorsements: TE 02-02A-30 Days \_\_\_\_\_

Name and address of Insurance Company: \_\_\_\_\_

Signed By: \_\_\_\_\_ Policy No: \_\_\_\_\_  
(Authorized Company Representative)

\_\_\_\_\_  
Print Name Phone No: \_\_\_\_\_

**This is an official Government record. A false entry may constitute a felony of the third degree.**

## SECTION C

### Charter/SightSeeing

1. Attach description of the type of service proposed along with a “Schedule of Service”; and
2. Provide a financial statement listing applicants’ liabilities and assets.





# CITY OF HOUSTON

Finance and Administration  
Department

**Bill White**  
Mayor

Judy Gray Johnson  
Director  
Finance and Administration  
Department  
P.O. Box 1562  
Houston, Texas 77251-1562

T. 281.233.7860  
F. 281.233.2052  
[www.houstontx.gov/](http://www.houstontx.gov/)

## CITY OF HOUSTON INSURANCE FILING FORM CHARTER & SIGHTSEEING LICENSE

This certifies the below named insured is provided commercial liability general insurance, auto liability insurance and garage insurance coverage with a company on the "list of Authorized Insurance companies" published by the Texas Department of Insurance ([www.tdi.state.tx.us/](http://www.tdi.state.tx.us/)) that is authorized to sell auto liability insurance, or is a "County Mutual" identified with a code number 56; and has a 30-day cancellation endorsement (TE-02-02A) to the City of Houston, Finance and Administration Department, Transportation Division, P.O. Box 1562, Houston, Texas 77251.

Name Insured and Mailing Address:

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Additional Insured (name of city permit holder if different from above named insured):

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Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_

List of covered Autos (include make, model, year and last five digits of VIN):

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### Auto Liability Insurance:

**\$5,000,000 for Buses designed to transport 26 passengers or more**

**\$500,000 for buses designed to transport more than 15 passengers (including the driver), but fewer than 26 passengers (not including the driver).**

Endorsements: TE 02-02A-30 Days\_\_\_\_\_

Name and address of Insurance Company: \_\_\_\_\_

Signed By: \_\_\_\_\_ Policy No: \_\_\_\_\_  
(Authorized Company Representative)

\_\_\_\_\_ Phone No: \_\_\_\_\_

Print Name

**This is an official Government record. A false entry may constitute a felony of the third degree.**